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**\*\* CONTINUING DATA \*\*\*\*\****DMC***\*\* FOREIGN APPLICATIONS \*\*\*\*\****DMC*

GERMANY 102 32 676.2 07/18/2002

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 10/21/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Samson M. Conner</i> Examiner's Signature Initials				

**ADDRESS**  
 26574

**TITLE**  
 Method and arrangement for positioning a patient in a medical diagnosis or therapy device

<b>FILING FEE RECEIVED</b> 988	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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